

# Exhibit E

**AUTHORIZATION FOR RELEASE  
OF INSURANCE RECORDS**

TO:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

This document will authorize you to furnish copies of all forms regarding insurance claims applications and benefits and all medical, health, hospital, physicians, nursing or allied health professional reports, records, notes or invoices and bills, which may be in your possession for the following insured: \_\_\_\_\_

[Name of Insured] whose date of birth is \_\_\_\_\_ and whose social security number is \_\_\_\_\_.

You are authorized to release the above records to the following representatives of defendants in the above-entitled matter, who have agreed to pay reasonable charges made by you to supply copies of such records:

Yvonne K. Puig  
Fulbright & Jaworski L.L.P.  
Attorneys for Saint Thomas West Hospital, formerly  
known as St. Thomas Hospital, Saint Thomas Network, and  
Saint Thomas Health  
98 San Jacinto Blvd., Suite 1100  
Austin, Texas 78701

This authorization does not authorize you to disclose anything other than documents and records to anyone.

This authorization is not valid unless the record requestor named above has executed the acknowledgement at the bottom of this authorization.

This authorization shall be considered as continuing in nature and is to be given full force and effect to release information of any of the foregoing learned or determined after the date hereof. It is expressly understood by the undersigned and you are authorized to accept a copy or photocopy of this authorization with the same validity as through the original had been presented to you.

Date: \_\_\_\_\_

\_\_\_\_\_  
Insured/Personal Representative Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Witness Signature